

**POWER OF ATTORNEY
AND REVOCATION OF PREVIOUS POWERS
By Assignee**

Transmedica International, Inc., assignee(s) of the application for United States Letters Patent for

IMPROVED LASER ASSISTED PHARMACEUTICAL DELIVERY AND FLUID REMOVAL

by Kevin S. Marchitto and Stephen T. Flock,

the specification of which:

- ☐ is filed herewith, OR
☒ was filed on December 9, 1999, having U.S. Patent Application Serial No. 09/457,953

does revoke all previous powers of attorney or authorizations of agent given in the above-identified patent application, and hereby appoints as its attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, those associated with the following customer number:



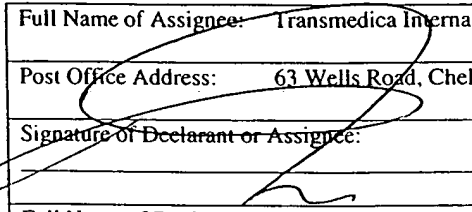
IRELL & MANELLA LLP
 Suite 900
 1800 Avenue of the Stars
 Los Angeles, CA 90067
 (310) 277-1010

Please send all inquiries to **Carol A. Schneider**, (310) 203-7907, at the above-identified address.

I, the undersigned, declare that I have reviewed copies of the documentary evidence establishing chain of title to the patent application identified above from the inventor(s) to the assignee(s), which:

- ☐ is filed for recordation herewith; or
☒ was recorded at Reel **9047**, Frame **0757**; or
☐ has been sent for recordation under separate cover, copy attached herewith.

To the best of the undersigned's knowledge and belief, title is in the assignee(s) identified above. Furthermore, the undersigned is empowered to sign this document on behalf of the assignee(s).

Full Name of Assignee: Transmedica International, Inc.	
Post Office Address: 63 Wells Road, Chelsea Heights, Victoria, 3196, Australia	
Signature of Declarant or Assignee: 	Date: 26/6/01
Full Name of Declarant If Other Than Assignee: Peter Hansen	
Title of Declarant: Chairman and CEO	
Address of Declarant: 63 Wells Road, Chelsea Heights, Victoria, 3196, Australia	

**DECLARATION
Utility Application**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "Laser Assisted Pharmaceutical Delivery and Fluid Removal" the specification of which

(Check One)

☐

is attached hereto OR

☒

was filed on December 9, 1999 as United States Application Serial No. 09/457,953 or PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed	
			Yes	No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned
08/955,789 08/792,335 08/126,241		October 22, 1997 January 31, 1997 September 24, 1993	pending now abandoned now issued

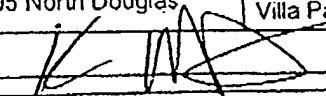
NOV-28-2000 16:55 FROM:

TO: 01865+334400

P.003/009

Lyon & Lyon LLP
Docket Information
248/184

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	FIRST Name Kevin	MIDDLE Initial S.	LAST Name Marchitto	
	RESIDENCE & CITIZENSHIP	City Villa Park	State or Foreign Country Illinois		Country of Citizenship USA
	POST OFFICE ADDRESS	505 North Douglas	City Villa Park	State or Country IL	Zip Code 60181
INVENTOR'S SIGNATURE 				DATE <u>28-11-00</u> <u>November 28, 2000</u>	

202	FULL NAME OF INVENTOR	FIRST Name Stephen	MIDDLE Initial T.	LAST Name Flock	
	RESIDENCE & CITIZENSHIP	City Edmonton	State or Foreign Country Alberta, Canada		Country of Citizenship USA
	POST OFFICE ADDRESS	15 Laurier Place	City Edmonton	State or Country Canada	Zip Code T5R 5P4
INVENTOR'S SIGNATURE _____				DATE _____	

203	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country		Country of Citizenship
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____				DATE _____	

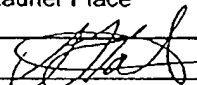
204	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country		Country of Citizenship
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____				DATE _____	

205	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country		Country of Citizenship
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____				DATE _____	

Lyon & Lyon LLP
Docket Information
248/184

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	FIRST Name Kevin	MIDDLE Initial S.	LAST Name Marchitto	
	RESIDENCE & CITIZENSHIP	City Villa Park	State or Foreign Country Illinois		Country of Citizenship USA
	POST OFFICE ADDRESS	505 North Douglas	City Villa Park	State or Country IL	Zip Code 60181
INVENTOR'S SIGNATURE _____ DATE _____					

202	FULL NAME OF INVENTOR	FIRST Name Stephen	MIDDLE Initial T.	LAST Name Flock	
	RESIDENCE & CITIZENSHIP	City Edmonton	State or Foreign Country Alberta, Canada		Country of Citizenship USA
	POST OFFICE ADDRESS	15 Laurier Place	City Edmonton	State or Country Canada	Zip Code T5R 5P4
INVENTOR'S SIGNATURE  _____ DATE <u>Nov. 28/00</u>					

203	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country		Country of Citizenship
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____ DATE _____					

204	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country		Country of Citizenship
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____ DATE _____					

205	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country		Country of Citizenship
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____ DATE _____					